

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **101066014**
APPLICANT(S)

FILING DATE

2/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9			1				59						
10				1			60						
11			~~~~~				61						
12			1				62						
13				1			63						
14			~~~~~				64						
15							65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			9				TOTAL DEP.						
TOTAL CLAIMS			12				TOTAL CLAIMS						